

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 19642358		FILING DATE 08-31-00				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51		✓				
2		✓					52		✓				
3		✓					53	✓					
4		✓					54		✓				
5	✓						55		✓				
6	✓						56		✓				
7		✓					57		✓				
8	✓						58	✓					
9		✓					59	✓					
10	✓						60	✓					
11		✓					61						
12		✓					62						
13	✓						63						
14	✓						64						
15		✓					65						
16		✓					66						
17		✓					67						
18		✓					68						
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45		✓					95						
46		✓					96						
47		✓					97						
48		✓					98						
49	✓						99						
50		✓					100						
TOTAL IND.	19						TOTAL IND.						
TOTAL DEP.	41						TOTAL DEP.						
TOTAL CLAIMS	60						TOTAL CLAIMS						